## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

STO-103-CIP-CON

| CLAIMS AS FILED - PART I (Column 1)                                                                                                                                                                                                                                                                                                                                |                                  |                                           |                   |                                |                      | mn 2\            |                | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|-------------------|--------------------------------|----------------------|------------------|----------------|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                       |                                  |                                           |                   |                                | (Column 2)           |                  | _              | RATE FEE            |                        | OR      | RATE                       | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                           | 19                |                                |                      | 5) (77)          | -              |                     |                        |         |                            |                        |
| FO                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                           | NUMBER FILED      |                                | NUMBER EXTRA         |                  | L <sup>B</sup> | ASIC FEE            | 375.00                 | OR      | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                            |                                  |                                           | /\$ minus 20=     |                                | * \$                 |                  |                | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                 |                                  |                                           | 3 minus 3 =       |                                | * \$                 |                  |                | X42=                | -                      | OR      | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                   |                                  |                                           |                   |                                |                      |                  |                | +140=               |                        | OR      | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                           |                                  |                                           |                   |                                | "0" in c             | olumn 2          | <u></u>        | TOTAL               | 375                    | OR      | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | C                                | MENDED                                    | ENDED - PART II   |                                |                      |                  | •              |                     | ŀ                      | OTHER   | THAN                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | <u> 4 - 1.0 jugi 24 jugi 14.</u> | (Column 1)                                | <u> </u>          | (Colur                         |                      | (Column 3)       |                | MALL E              | NTITY                  | OR      | SMALL                      | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                        |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUMI<br>PREVIO<br>PAID | BER.<br>DUSLY        | PRESENT<br>EXTRA |                | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                            | *                                         | Minus             | **                             |                      | =                | 1              | X\$ 9=              |                        | OR      | X\$18≈                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                      | *                                         | Minus             | ***                            | - OL A114            | =                |                | X42=                |                        | OR      | X84=                       |                        |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESE                      | NTATION OF M                              | JLTIPLE DEF       | PINDENT                        | CLAIN                |                  |                | +140=               |                        | OR      | +280≈                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                           |                   |                                |                      |                  | L              | TOTAL               |                        | OR      | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | (Column 1) (Column 2) (Column 3) |                                           |                   |                                |                      |                  |                | DIT. FEE            |                        | J       | ADDIT. FEE                 |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                        |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE -              | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                            | *                                         | Minus             | **                             |                      | = '              |                | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                      | *                                         | Minus             | ***                            |                      | =                |                | X42=                |                        | OR      | X84=                       |                        |
| L                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESE                      | NTATION OF M                              | JETIPLE DEF       | PENDENT                        | CLAIM                |                  | -              | +140=               |                        | OR      | +280=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                           |                   | AD.                            | TOTAL<br>DIT. FEE    |                  | OR             | TOTAL<br>ADDIT, FEE |                        |         |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                  | (Column 1)                                |                   | (Colur                         | mn 2)                | (Column 3)       | , ,,           |                     |                        |         |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                        |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                            | *                                         | Minus             | **                             |                      | =                | ] ] ;          | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| ME                                                                                                                                                                                                                                                                                                                                                                 | Independent                      | *                                         | Minus             | ***                            |                      | =                |                | X42=                |                        | OB      | X84=                       |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESE                      | NTATION OF M                              | ULTIPLE DEPENDENT |                                | CLAIM                |                  |                |                     |                        | OR      | <del></del>                |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | If the entire in a to            | mn 1 in less three t                      | ha opinila a-t    | omm Oth                        | - "O" !              | kuma 2           |                | +140=               |                        | OR      | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                  |                                           |                   |                                |                      |                  |                |                     |                        |         |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                  | mber Previously Pa<br>iber Previously Pa  |                   |                                |                      |                  | er found       | I in the app        | oropriate box          | k in co | olumn 1.                   | *                      |